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DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

LECTURE IV.

GENTLEMEN,—The preceding lectures have been occupied by a statement of some general laws according to which recovery from disease takes place, and an illustration of certain points which are to be attended to in forming a medical judgment concerning its treatment. We pass now to a consideration of the method of procedure when we are to lay out a plan for the management of a particular case. Having acquainted ourselves with the history, present condition and probable nature of the disease, this plan will be determined by inquiries directed to certain points.

1. We are to determine whether the cause or causes that have produced the disease continue to operate. Now we very often do not know what these causes have been, and yet we can often judge from indirect evidence, whether they are or are not in actual operation. In acute diseases, the causes that have produced them do not usually continue to act upon the patient. In chronic, on the contrary, it very frequently happens that they do. The causes of acute disease for the most part operate speedily, often at a single blow, and then, having produced their impression, cease to exercise any further influence. This is the case with contagions, with cold, with excesses as to diet, with speedy exhaustion of vital power by impressions either on the mind or body. The disease, when once begun, goes on quite independently of that which has produced it. Sometimes, no doubt, the continued influence of the cause may aggravate the disease and interfere with its favorable progress, as when fever has been generated by close and foul air, or inflammation by exposure to cold. But the abstraction of the cause will not prevent it from going through with its regular course.—The causes of chronic diseases operate slowly, and may have been acting for years before they produce any obvious effect. Such is the case where they are the result of a patient's occupation—of bad habits of life—of climate—of particular locality—of too much, or too little, or improper food—of want of air or want of exercise. Hence in these diseases an important part of

treatment consists in the removal of the patient from the influence of such causes, or in neutralizing that influence. Thus, scurvy is relieved by a particular diet—many affections of the digestive organs by diet, air and exercise—many pulmonary affections, by a change of climate. As a general rule of action in these cases, especially where they have been slowly formed and have become habitual, it is desirable, as far as possible, to bring about a general change of all those influences and habits of life under which the disease has originated and grown up; those, particularly, that are peculiar to the individual, or which have any probable connection with the character of the case. The clerk, who has been confined to his counting house and his pen—the seamstress, to her work-room and her needle—are to be removed from the city to the open air of the country, and to the amusements and occupations of a country life. The inhabitant of the sea-shore is to be sent among the mountains, and *vice versa*. The vegetarian should make trial of a diet of animal food, and the predominant eater of animal food be advised to change it for a larger proportion of vegetable. Abstinence should be prescribed to the drunkard, and to the tetotaller a moderate use of stimulants—and this, irrespective of the particular form of the disease. Thus, of the insane man, we cannot say by which of the particular influences under which he has lived his mind has been disturbed, but we find that if he is removed from all of them, he speedily improves. Of a patient laboring under a long-continued affection of the digestive organs, we cannot say what in his habits or mode of life has produced it, but if we change the whole by sending him a long voyage, he soon entirely recovers.

2. The next inquiry is, whether the disease be one of those for which there is some direct or specific remedy, like those already mentioned—quinine for intermittents, sulphur for the itch, mercury and iodine for syphilis. The list of remedies, as has been before remarked, having a reputation of this sort, is very large, while the number of those that unquestionably deserve it is very small. There are, however, a great many that have so undoubted a power of controlling certain conditions that appear in disease —conditions so important that they almost appear as if they were the disease—that a specific power may, in a somewhat different sense, be assigned to them. Such is the power of opium in spasm —of colchicum in gout and rheumatism—of iron in some states of the blood—of lemon juice and other vegetable products in scurvy. Of the remedies which are specific in these two senses, I mention those only whose efficacy is the most generally conceded. The number of those for which such an efficacy is claimed, and by many believed to exist, is very great.

3. The next question is, whether the disease is capable of being broken up, shortened, or mitigated, as a consequence of the use of any of those remedies which produce a distinct operation

on the system, although not a directly curative one—such as bloodletting, emetics, cathartics, diaphoretics, diuretics, blisters, &c. As has been before remarked, much has been believed of the efficacy of these remedies, although the nature of their efficacy and the mode in which their results are brought about have not always been distinctly recognized. Thus bloodletting has been supposed to cure inflammations—emetics to cure fever—digitalis to cure dropsy—mercury to cure inflammations, &c. &c., as distinctly as bark to cure intermittents. It would be presumptuous to assert that remedies of this description are not very often of signal benefit in the treatment of disease. If it be so, however, I have before endeavored to show that the results take place in a different way from that which follows the employment of the articles before spoken of.

4. Supposing that we can base our treatment upon neither of these methods, or supposing that they have been employed without effect, the next inquiry is, whether the sanative effort, unaided, will be sufficient for recovery, or whether anything requires to be done, either directly or indirectly, to aid it. This embraces a wide field, and in fact includes the greater part of the subject of therapeutics. Its development will form the principal topic of the remaining lectures, and it is only necessary now to suggest a few preliminary considerations.

The fundamental purpose always to be kept in view in this mode of treatment, is to maintain the vital forces in such a condition as will enable the system both to resist the destructive tendencies of the disease, and to carry on successfully those processes which are necessary to its removal. The most immediate agencies in these processes belong to the system of nutrition. But in disease, as in health, these are not alone in their office. They are subordinate to and in correspondence with all those other agencies which are engaged in carrying on the work of life. The functions of circulation, of respiration, secretion, excretion and innervation, are all ultimately as necessary as that of nutrition. Hence the main purpose, and that which runs through the whole of treatment, from beginning to end, is to promote the power of recovery by keeping all the functions in such a condition and in such due relation to each other as will enable them to take their part in the work going on. But the state of the functions required, it is to be recollected, is not that which is relative to health, but that which is relative to disease. It is not the aim, therefore, to bring or keep these functions precisely in that condition and relation which is suited to health, but that which is suited to the necessities of disease. Now as the states and requirements of disease vary indefinitely from those of health, so will that condition of the functions which will best promote the purposes of disease, vary as indefinitely. Recovery will not be necessarily promoted by that state of the system which most closely resembles that of health.

The great indication, then, to promote the power of recovery, is one to which all others relate, and to which they are all subordinate. The immediate indications are sometimes to bleed, to vomit, to purge, to blister, &c., but they are all to be followed with a due regard to their bearing upon this, which is the fundamental one. Other indications are temporary and occasional ones; this is constant; it goes through the whole disease, and is as much to be regarded the first day of treatment as the last. What the patient should do, and quite as much what he should not do—what medicines he should take, and what he should not take—what food be allowed, and what not allowed, are matters for judgment, which come up every day; and although the effect of the error of a single day may be small and inappreciable, the combined errors of all the days of a disease may make all the difference between recovery and death.

The common term, in practical language, by which the existence of a capacity to contend with disease is expressed, is "strength;" and the absence of this capacity, by "weakness." But these terms are often used in a vague and unsatisfactory manner. Every one would admit that an important point in treatment is to preserve strength and prevent weakness. But do we not often fail to present to ourselves a clear idea of what that strength is which we want? We want strength to carry the patient through his disease—to support him whilst he is contending with it; but we do not want muscular strength, nor strength of circulation, nor of digestion, nor of nutrition, in the sense in which these terms are used as applied to a healthy man. We want a vital force in the system, which shall be distributed in such proportion as shall best subserve those purposes which the system under disease is striving to accomplish. Now the best distribution for a state of disease will usually be very different from that which is best for a state of health. Accordingly, that which will give strength to the well man, may take it away from the sick man. Taking food into the stomach, refreshes the former—taking it into the stomach, in many states of disease, exhausts the latter. So, too, the exigencies of different kinds of disease, and of different states and periods of disease, are such as to require corresponding differences in the distribution of vital force. In the early periods of acute disease, when there is abundance of this force in reserve, however weak the patient may feel, little of it is directed to the functions of assimilation and nutrition. Towards its close, when recovery begins, there is vastly less of this force, but it is differently directed, and these functions are performed with great vigor. It is like the power that moves a large factory devoted to a variety of purposes. It is in itself a unit—an individual power. But it may be directed to different purposes in very different proportions—now to turn a lathe, now a spindle, and now the complicated movements of a loom, according as the de-

mand for these operations may require. It must be acknowledged that this term vital force is wanting in precision as expressing any distinct idea of its nature. Its use has often been objected to on this account. Still, though it conveys no idea of its nature, it does of its office, and I suspect all practitioners who are familiar with disease, will appreciate its practical relations.

These terms, strength and weakness, are so constantly used in medicine, in such various senses, and we are so constantly called upon to arrange our treatment with reference to some of these senses, that it will be useful to determine, as accurately as possible, how we are to understand them in their relation to the first great indication of treatment which has been just stated. What is the nature of the strength we are to promote, and of the weakness we are to prevent.

By a strong man, is popularly understood one who has great muscular capacity, who can perform much labor, endure much fatigue, resist the influence of heat and cold, and the causes of disease, without injury. But this kind of strength is not that which enables a patient successfully to contend with disease, or to recover from it. The term weakness is also used in as different senses. A person deficient in muscular capacity, will be called weak, though all his functions are performed perfectly well. He may call himself weak, because he has a feeling of weakness, though, if occasion call, he may be capable of great exertion. If he be particularly liable to disease, either of the system or of any particular organ, he will be said to have a weak constitution, a weak stomach, weak lungs, or weak eyes.

The same term is also employed to designate a temporary incapacity for muscular exertion, accompanied by a great feeling of prostration, from whatever cause this proceeds. Thus a person made sick by tobacco, is reduced at once to a state of what is called great weakness—the same happens from syncope and lesser degrees of faintness—from hunger, fatigue, and all sudden and severe agitations or emotions of the mind. Yet here there has been no actual loss, to any considerable extent, of that which constitutes real strength in any sense of the word. The weakness from all these causes passes off very rapidly, and the individual returns to his usual condition. The effects of tobacco last at most but a few hours—the hungry man is refreshed by food at once, before any digestion or absorption can have taken place, and fatigue is remedied by rest and sleep.

A feeling of weakness is caused also by disease, independently of any positive exhaustion by the disease. It is often the prominent, and sometimes the only thing complained of by the patient, in both acute and chronic cases. The first complaint of children often is that they are tired and want to lie down. But, previous to any actual causes of exhaustion, this is an unreal and deceptive feeling. It does not indicate any loss of that sort of strength on

which the power of recovery depends. At the beginning of acute disease, a patient may experience this feeling to an oppressive degree—muscular exertion may be almost painful to him—he may become faint from the erect position. Yet he may be bled, vomited and purged—not, perhaps, without faintness at the moment, but even this is not uniform—and feel stronger after them than before. He goes through the processes of disease, which may last two or three weeks. The feeling of weakness is less, and hardly felt when he makes no effort; he takes and digests as much food as a man in health. Yet he can hardly lift his hand to his head, the loss of a few ounces of blood produces alarming faintness, and the action of the bowels a sense of general exhaustion.

These two conditions have always been more or less distinctly recognized, and have been designated by the terms "depression of strength" and "debility." The first expresses a condition in which the vital force is not exhausted, but withdrawn from its ordinary application by the presence of disease; the second, that condition in which vital force has been exhausted, but in which what remains of it may be applied to the performance of the functions of repair.

In order to understand the very various states of the system and of its parts to which the terms strength and weakness are applied, we are to consider that there are two sources of activity in every organ, and consequently two sources of exhaustion. In the case of a muscle, we have, first, the nervous energy conveyed to it from the nervous centres; and, secondly, the blood, conveyed to it from the heart. In every contraction there is expended a certain amount of both. The same is true of every other organ, whatever be the nature of its functions—so that there is constantly going on an expenditure of the force and a consumption of the material of the system. In all cases of real or apparent weakness, there is a disturbance of one or both of these elements of activity, usually of both, but in different proportions and in different organs, and hence the various character of the phenomena. In syncope from bleeding, the first impression is made upon the circulation; in sickness from tobacco, it is made upon the nervous system; but in each case both become speedily implicated. Now as there are two principal sources of exhaustion, there are also two principal means of restoration—sleep and food; sleep, of the vital force—food, of the vital material. Not that these are the only apparent means, but that into these all others may be ultimately resolved.

In order to estimate the state of a patient in the progress of disease, as to the amount of the real effective strength he may have at any period to carry him through with it, we are to look at its history in connection with these considerations. A disease begins with a certain amount of force and a certain amount of material. Probably, whatever may be the apparent condition of the patient, neither of these is suddenly or rapidly exhausted, but only diffe-

rently applied. The prostration from tobacco is as great as that from any disease, but the power of recovery is unimpaired; it acts with energy—it speedily eliminates the poison from the blood, and the subject is well at once. There has been a disturbance in the application of the elements of strength, but no considerable loss of those elements themselves. Now, at the beginning of disease, an analogous disturbance may take place—even to so great an extent as to destroy life—and in the course of a disease such a disturbance may also occur after the subject of it has lost much real strength, and thus produce a complicated condition where it becomes extremely difficult to distinguish how much of it is owing to one cause and how much to another, and yet the distinction is of no small importance in judging of the measures to be adopted. Several considerations will aid us in making our judgment.

We are to reflect, that as a disease proceeds, both sources of exhaustion are going on, but not always in an equal manner. The causes of nervous exhaustion which chiefly operate, are, a want of sufficient sleep, delirium, great pain, or continued suffering and discomfort of any kind—mental states, grief, anxiety, fear—a great many lesser agencies, as noise, company, occupation of mind unsuited to the state of sickness, annoyances of various kinds that would be unnoticed in health. Of the causes which affect the supply of material, there is the loss of the power of assimilating food—irregular, unequal and imperfect circulation and respiration—deficient excretion, which impairs the quality of the blood—direct losses of blood—consumption of the material by the actions and processes of the disease or by remedies, as purging, excessive sweating, discharges of urine, bile, &c. In many of these cases the cause has a combined operation, exhausting both the power and the material.

Now this process of exhaustion is constantly going on during a fit of sickness, especially an acute one, and its effects are exhibited in various ways. These effects are to be observed and measured as the disease advances, and as that state of unreal weakness which exists at the beginning passes gradually into that state of real weakness which exists towards the close. The degree in which this transformation has taken place is a very important point in practice, for the same means, such as food, tonics and stimulants that are the appropriate remedies at the close, are entirely useless if not injurious at the beginning; whilst the opposite class of remedies, such as evacuants, which are at least well borne in the first period, are absolutely injurious in the second. Just, too, as one or the other of the conditions pointed out predominates, is the corresponding treatment to be adjusted. In a vast proportion of cases, mild in character, a very close observation of these particulars is not required. It is easy to see at once that there is strength enough in reserve, and that no strict regulation of the details is necessary. But in severe and critical

cases, where the chances of life are nicely balanced, the judgment becomes very difficult, and it requires a careful consideration of the indications of exhaustion, the amount of it, and the causes of it, to inform us of the necessities of the case.

The feeling of weakness alone is not a guide, as will be inferred from what has been said, for it may exist where there is real strength; neither is the absence of this feeling, for it may exist where there is real weakness; neither is the presence or absence of muscular ability, nor the state of the mind, nor the power of taking food, nor the state of the pulse or respiration or the skin, taken by themselves. It is only by putting the state of the patient in all these respects together, and combining them with the preceding events of the case and the causes of exhaustion which have been operating, that we can form a satisfactory opinion.

A few examples of certain of the occurrences of disease will serve to illustrate, in some measure, the principles I have endeavored to enforce, and aid us in forming rules of judgment in practice. The rapidity with which a state of exhaustion has come on, is an element to be considered. Supposing it to take place at the beginning of a case, from excessive vomiting or purging, either spontaneous or produced by medicine, however considerable it may be, it is of vastly less moment than if, of the same degree, it have occurred from long-continued vomiting and purging. The stage of disease in which the occurrence takes place is also a consideration of importance. Thus, in common cholera morbus, a patient may, in a few hours, fall into a state of extreme exhaustion—become cold and pulseless—the skin clammy, flabby and blue—the extremities shrunken, the countenance cadaverous. But if the disease be arrested, he may in a few hours be placed in a state of safety and comfort, and in a few days regain nearly his usual health. But were he reduced to the same condition at the close of an acute disease, or in the advanced period of some chronic ailment, his danger would be extreme, and even were he to escape death, the subsequent prostration would be great and long-continued.

The sudden syncope produced by a large loss of blood, in a person in health, is almost without danger if it be short of immediate death, and the flow of blood can be completely checked. It is astonishing from what an apparently desperate condition the subject will rally. An equally complete syncope, if the result of long-continued and repeated small hæmorrhages, even where the flow is at last checked, is a condition almost hopeless. In the same way, a copious hæmorrhage is well borne at the commencement of an acute disease, whilst a small one may destroy life at its close. So, too, any other depressing agent depends, for the effects it produces, upon the stage of disease and the condition of the patient. Children, in the early period of acute disease, are liable to fall into a species of collapse from antimony—and this,

even, where there has not been much vomiting. Yet they usually rally from it, whilst, at a later stage, a similar state will almost certainly be followed by death.

The mischief which has been produced by causes of exhaustion, is not always manifested by symptoms following immediately upon their operation. Their effects sometimes appear to accumulate to a certain amount before they show themselves. The system struggles in such cases, and maintains itself successfully against them up to a certain point, and then gives way rapidly or at once. This is a very formidable state of things, and death may unexpectedly occur in this way, where there had been no premonitory indication of such a termination. A liability to it seems the peculiarity of certain constitutions, which behave like some spendthrifts, who, with a limited capital, live generously upon it to the last farthing, and then become paupers on the instant. Thus in dysentery, a patient will sometimes go on for many days with very severe symptoms, but with a good pulse, countenance and skin, good muscular strength, capacity for taking nourishment—in fact, exhibiting no indications of exhaustion, and yet very rapidly everything gives way—the skin and extremities become cold—the countenance shrunk and cadaverous—the pulse dwindles to a mere thread—the respiration becomes rapid and limited—frequent vomiting ensues, and he speedily sinks. A similar condition sometimes presents itself after a protracted labor, where the patient has endured the severest pains for several days, without sufficient sleep or food, but with a good firm pulse and a cheerful mind till the labor is accomplished. Then, without any unusual loss of blood, the system gives way, and a fatal collapse ensues. Upon the same principle, though in a different way, it happens, probably, that men of firm and robust and continued health, but who have depended upon their strength of constitution to live in a reckless disregard of all the dictates of ordinary prudence, will sometimes succumb before an amount of disease from which those of much less apparent vigor escape, or else become suddenly and prematurely old, or sink by some chronic organic malady.

Extreme cases like these are rare, but they are instructive. What takes place here on a large scale, is constantly taking place on a small one. The careful study of them, and of the inferences to be drawn from them, affords a knowledge capable of being applied every day in cases of ordinary severity and of comparatively safe character. The principles upon which great events turn, are identical with those that govern the most trivial.

The strength, therefore, which we are to husband, and the decay of which we are to prevent, is essentially that upon which depends the power of enduring disease and promoting recovery. It is not correspondent to that which is commonly understood as strength, though that is one of the elements in its composition. It is that vital force formerly described, which governs the disease

from beginning to end, distributes itself variously under different circumstances, so as to bring to pass that which is best at the time, in all the successive stages; which may exhibit itself at the same moment in different organs, as weakness in one, and strength in another. The amount of it is, in regard to treatment, the most important thing to know, but it is not to be known by the condition of the patient at any one time, nor by his sensations, nor by any one symptom or set of symptoms, but by a combined consideration of the state of constitution in which the disease began, the mode in which it bears the disease and in which it does itself manage the disease, the character of the pathological cause, the degree of severity and the effects of all the symptoms; and all these in connection with each other in the order of time and with causes of exhaustion which may have been successively operating. This is in accordance with the remark formerly made—that treatment is to be regulated not merely by the strict pathological condition, but by this in connection with its secondary effects. If the same pathological state exhibits itself by different symptoms in different patients, then there must be some sufficient reason in the economy of each, why it should do so: and upon this reason may depend the real character of the case, so far as its treatment is concerned.

CYSTIC TUMORS OF THE VAGINA, WITH A CASE.

By J. F. Noyes, M.D., Waterville, Me.

[Communicated for the Boston Medical and Surgical Journal.]

Like other mucous cavities of the body, the vagina is sometimes affected with morbid growths. Cystic tumors in the vagina, however, are rarely met with in life; more frequently they have been discovered in post-mortem examinations.

M. Nélaton, in a recent surgical work, describes, in a clear and comprehensive manner, their anatomy and pathology. According to this author, these tumors have their origin in a diseased condition of the superficial and deep-seated follicles normally situated in the mucous lining of the vagina. Those having their origin in the superficial follicles, are generally situated low down at the entrance of the vagina and in the region of the urethra, while the deep-seated are found in the anterior and upper half, near to the cervix uteri.

Scanzoni, however, is not precisely of the same opinion as to the origin of these tumors. He is convinced, he says, from a dissection carefully made, that they not unfrequently are developed, not in the walls of the vagina, but in the peri-vaginal cellular tissue. Rokitansky also admits that the primitive seat of these cysts is outside of the vagina, in the conjunctival tissue which surrounds it. According to M. Nélaton, it is rare to find more than

one of these deep-seated cysts in the same subject, while the superficial and smaller cysts are described as having been seen in clusters. Cystic tumors of the vagina vary in size from that of a hemp seed to the magnitude of a hazel nut. Scanzoni, who has had large experience, mentions having met with but one as large as a hen's egg.

From the almost entire absence of anything upon the subject in any English work on diseases of females, that we have seen, and also in those of our own writers, we conclude that these tumors are rarely seen in practice, and seldom attain a size demanding surgical treatment. We have no where met with an account of a cyst so large as that which recently came under our own observation and treatment. The following is a report of the case:

Mrs. S———, of China, Me., æt. 40, of rather slender constitution, was married at the age of 24. She has always had a troublesome eruption and acne of the face. While pregnant, sixteen years ago, she discovered a small bunch or tumor a little within and on the front side of the vagina. It did not increase much in size till after her accouchement, which was not interrupted by its presence. She gave birth to a healthy child, and has not since been pregnant. Since that time the tumor has continued to increase gradually but more rapidly in size, and she has undergone much suffering and anxiety with it. Getting no encouragement, she says, from the professional consultation she had had, that anything could be done for her relief, she was ready to set out for Boston for help, when she came to me.

Upon examination, a soft and elastic tumor as large as a coffee cup was found filling and distending the vagina, and protruding considerably from the vulva. It had been in this condition, she said, for the last ten years, rendering copulation an impossible act, and causing her (especially when much on the feet) dragging and bearing-down pains. The vagina was so filled and distended by the tumor, that it was with difficulty that the index finger could be introduced at the posterior commissure and carried to the parts beyond it, and it was impossible to make out how far the tumor extended up the vagina. The cervix uteri could not be reached with the finger thus introduced. On looking at the tumor thus protruding externally, it might easily, I think, have been taken for a prolapsus of the bladder, or perhaps enterocele; but a careful exploration of this organ showed that it had no connection with it. Using now a small exploring trocar and canula, the tumor was found to contain a glairy substance, resembling in consistency and color thick honey. In this way its pathology was conclusively determined. It was now freely laid open lengthwise and emptied of its contents, when its inner surface was found to be lined by a perfectly smooth membrane. The thickness of the cyst, when it was cut into, was nearly a quarter of an inch. The cavity left was so large after it had been emptied, it was found necessary to

dissect away the tumor to its base, with the intention of bringing together the edges and securing them with silver wire sutures, in order to diminish the lax and dilated vagina to its normal calibre. This being done, it healed kindly in a few days. The base of the tumor was found to extend, commencing half an inch from the meatus urinarius externus, up the vagina a little to the left side nearly three inches. Its breadth was nearly two inches. Three weeks after the operation, the patient had entirely recovered, and considers now the organ in a normal condition.

LABIAL THROMBUS.

[Read before the Middlesex East District Med. Society, Dec. 26th, 1860, and communicated to the Boston Medical and Surgical Journal.]

By T. Rickard, M.D.

Thrombus, or sanguineous infiltration of the areolar tissue of the labia majora, is comparatively rare in its occurrence. It is not confined to pregnant women, but may occur in the non-gravid. It is a far less important accident, however, when occurring in the latter class of patients.

Its cause in the present case is to be found, evidently, in a varicose state of the vaginal veins, produced by an obstructed circulation in consequence of the pressure of the fœtal head upon the large venous trunks within the pelvis. With the existence of this condition of things, we see at a glance that the descent of the head in labor may produce a rupture of a varicose vessel, and be followed by a rapid and very great enlargement of the labium of the affected side. Although the rupture of the small vessel must necessarily take place during labor, the tumefaction is not generally discovered till after the birth of the child. The reason of this is perfectly obvious: the descent of the head leaves no room for effusion, and consequently it does not generally become manifest till the head or breech presents at the vulva. It is sometimes discovered while the head is high up, as in the following case:

In the afternoon of May 19th, 1852, I was summoned to attend Mrs. M———, primipara, who had been in labor two or three hours. On visiting her, I found the pains of good strength, and occurring at intervals of five or six minutes. On making an examination, the vertex was found presenting, and the parts in a normal condition. My first visit was made about 3 o'clock. For the next two hours the pains increased in strength, and the head slowly advanced. Not far from 6 o'clock, I detected some tenseness of the left labium—slight at first, but evidently increasing, and filling up the concavity of that side. The labium continued to enlarge, till, not far from 9 o'clock, I requested that Dr. B. Cutter might be asked to step in. He made a careful examination; remained nearly an hour, and left in the belief that the tumor would

not arrest the progress of the labor. The tumor continued to increase, and at midnight Dr. Cutter saw the patient again. It was then deemed best to arrest the pains, if possible, by morphia, till morning. A full dose was given, and repeated in an hour. They were not diminished, but continued to increase constantly. At 2 o'clock, A.M., May 20th, the following state of things existed: Pains frequent and severe, pulse frequent, skin becoming hot and dry, labial tumor so large as to push the head of the child entirely to one side of the vulva, and preventing further descent. The tumor presented a livid-purple color. Dr. Cutter made a free incision through the mucous membrane, and evacuated at least a pint of clotted blood, and, applying the short forceps, delivered the child alive. No hæmorrhage followed. The wound was closed with sutures, and perfect rest enjoined. The patient went on well till the night of the 21st, when I was summoned, and found her with fever, rapid pulse, and great tenderness of the abdomen. Although she was very pale from loss of blood, I opened a vein in the arm. After the bleeding, warm fomentations were applied to the bowels, and appropriate internal remedies were administered. At my next visit, I found an abatement of the fever, and a diminution of the tenderness. From that time she did well, and made a perfect though rather slow recovery. The child (a boy) has done well, and is one of the most stirring little fellows seen on Pleasant Street.

On inquiry of the oldest members of the Society, they said they had met with no similar case in their practice.

Woburn, Dec., 1860.

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First Practical Use of Ether in Surgical Operations.—The following communication is of special interest, coming as it does from one of the claimants to the exclusive credit of the introduction to the world of sulphuric ether as an anæsthetic. It does not, in our opinion, invalidate in the least the claims of either of those gentlemen, but it is of considerable importance as a matter of history.

Messrs. Editors,—At the request of the Hon. Mr. Dawson, U. S. Senator from Georgia, on March 8th, 1854, I called upon Dr. C. W. Long, of Athens, in Georgia, while on my way to the Dahlonega gold mines, and examined Dr. Long's evidence, on which his claims to the first practical operations with ether in surgery were founded, and wrote, as requested, to Mr. Dawson, who was then in the U. S. Senate, all I learned on the subject. From the documents shown me by Dr. Long, it appears that he employed sulphuric ether as an anæsthetic agent—

1st, March 30th, 1842, when he extirpated a small glandular tumor

from the neck of James M. Venable, a boy in Jefferson, Georgia, now dead.

2d, July 3d, 1842, in the amputation of the toe of a negro boy belonging to Mrs. Hemphill, of Jackson, Ga.

3d, September 9th, 1843, in the extirpation of a tumor from the head of Mary Vincent, of Jackson, Ga.

4th, January 8th, 1845, in the amputation of a finger of a negro boy belonging to Ralph Bailey, of Jackson, Ga.

Copies of the letters and depositions proving these operations with ether were all shown me by Dr. Long, who stated to me that his account books, with the original entries and charges, were in the hands of his attorney at Jefferson, his former residence, for the purpose of having his dues collected by him, and that he would show me the book when I visited Athens at a future day. He also referred me to physicians in Jefferson, who knew of the operations at the time.

I then called on Profs. Joseph and John Le Conte, then of the University of Georgia, at Athens, and inquired if they knew Dr. Long, and what his character was for truth and veracity. They both assured me that they knew him well, and that no one who knew him in that town would doubt his word, and that he was an honorable man in all respects.

Subsequently, on revisiting Athens, Dr. Long showed me his folio journal, or account book, in which stand the following entries:—

"James Venable,

March 30th, 1842, Ether and excising tumor,	$2.00
May 13th, Sul. Ether, ...	.25
June 6th, excising tumor, ...	2.00"

On the upper half of the same page, several charges for ether sold to the teacher of the Jefferson Academy are recorded, which ether Dr. Long told me was used by the teacher in exhibiting its exhilarating effects, and he said the boys used it for the same purpose in the Academy. I observed that all these records bore the appearance of old and original entries in the book. Of that I have no doubt. The only question is, Was the ether thus charged to Mr. Venable employed by inhalation for the purpose of preventing pain, and was it actually so used in the surgical operations charged at the same time?

The proofs of this must be in the statement of Dr. Long, supported by affidavits of the parties on whom the operations were performed, and who witnessed them. These documents, as above stated, I have seen in the hands of Dr. Long, or rather copies of them, for the originals were sent to Dr. Paul Eve, of Augusta, and were lost by him, so that they did not appear in the Southern Medical Journal, then published by that gentleman. On asking Dr. Long why he did not write to me, or make known what he had done, he said, when he saw my dates he perceived that I made the discovery before him, and he did not suppose that anything done after that would be considered of much importance, and that he was awakened to the idea of asserting his claims to the first surgical use of ether in operations, by learning that such claims were set up by others for this merit, and consequently he wrote to the Georgia delegation at Washington, stating the facts which Senator Dawson had requested me to inquire into.

I have waited, expecting Dr. Long to publish his statements and evidence in full, and therefore have not before published what I learned

from him. He is a very modest and retiring man, and not disposed to bring his claims before any but a medical or scientific tribunal.* This he has done, in the State Medical Society of Georgia, as appears by their records at Savannah. [See Southern Medical Journal, Augusta, Ga.]

Had he written to me in season, I would have presented his claims to the Academy of Sciences of France, but he allowed his case to go by default, and the Academy knew no more of his claims to the practical use of ether in surgical operations than I did.

Boston, April 3, 1861. CHARLES T. JACKSON, M D.

THE LATE DR. STRONG.—The death of Dr. WOODBRIDGE STRONG, a few days since, was an event not unexpected. He had been failing in health for two or three years past from a chronic cerebral affection, which incapacitated him for the practice of his profession, and which at last proved fatal. He may be said to have ranked among the oldest practitioners of Boston, and for many years to have had a fair share of professional business, both surgical and medical. The following brief sketch of him is from one who knew him well.

"Dr. Strong has been obliged by disease to withdraw himself from the practice of physic for a long time, and has, within a few days, died. The writer's acquaintance with Dr. S. began many, many years ago. He was a pupil of the late Prof. Nathan Smith. Dr. Smith was called to Boston to operate for cataract. He had Dr. Strong to assist him; and the writer was asked to be present. After the operation, the care of the patient devolved on Dr. Strong. The patient was one of the wealthiest and best-known men among us. This anecdote is given as showing the confidence manifested towards Dr. S., both by his master in medicine, and by the patient.

"Dr. Strong had moral and intellectual qualities which will be remembered by those who knew him. Among these, were decision of character and self-reliance, a common copartnership, and never threatening a dissolution. His opinions were parts of himself, woven into his very mental constitution. His voice was gentle and low, and his manner singularly quiet. His convictions were too fixed to require noise in their expression. There was not wanting emphasis in his deliberateness, and showed you he was alive with and to his thought. This confidence in himself gave strength to his logic, and to his philosophy. He was a student in books, and at the bedside; and his statements of disease showed you he had not studied in vain. You might question his theory, but you could not deny its reasonableness. Notwithstanding his strong mind, and careful philosophy, his books and his clinics, he had very little influence among us. Our conservatisms and conventionalisms would seem to have had but little of his respect; and, than such antagonisms, what could be more fatal to public influence, or wide confidence? He became to the popular medical philosophy, a professional dreamer, or enthusiast, or something worse, and was left in his own field, to do his own work in his own way; and he did it valiantly.

"It was in practical medicine Dr. Strong was most alone. He had his inspiration here, in one or two professional friends, and at their

* He proposed going before the United States Medical Association, but was informed that no disputes could be examined into by that Society.

death he was literally alone. Like many neophytes, he went in faith and in practice somewhat beyond his teachers. His doses were absolutely fabulous. Disease to him was a giant; for it could subject giants to itself; and he attacked it with gigantic remedies, in gigantic doses. The writer has his recipes. He has talked with the doctor and his patients about his doses. The reply from both has been that there has not been anything destructive or violent in their operation. They have been gentle in their strength. In the practice of others amongst us, it is in their weakness. Abandoned patients have taken his, and have been saved from what seemed coming death. One of his teachers was called to see a patient with dysentery, who had been "given over" by her regular attendant. He wrote for, Hyd. submuriat., ℥i., with orders to give it at once. Next morning the patient was found convalescent. The dysentery had ceased. Recovery rapid, and perfect. This is not a fable. The *in medio tutissimus ibis* doctrine had no place in Dr. Strong's faith or practice. He was as far from the middle as are the latest or newest medical Platonists, for both are as far as they can be. His was not an *expectant* faith, in which nothing is *looked for*, and so nothing done. He had on his armor, and was ready to do battle in the service for which it was worn, and battle he did. Dr. Strong was a student and a scholar, and his interest in early study did not abate in the midst and pressure of professional office.

"Dr. Strong was not without professional respect or kindness. His doctrines made him no enemies. He was a member of the Medical Improvement Society of Boston, and the writer well remembers the clearness and strength with which he made his communications at its meetings. He was long a Councillor of the Massachusetts Medical Society, and a faithful Treasurer.

"There is something to me very pleasant in the memory of strong, decided, fearless characters—of those who pursue their object for the love of it, and quietly submit to so much of martyrdom as comes of their faith and practice. The professional man is always liable to become as one of the new iron-sided vessels of war, cased and caged in, by outside influences which nothing can penetrate. He who falls into the arms of our Mrs. Grundy is truly a gone man. Dr. S. did not.

"Such men as Dr. Strong play important parts in the structure of society, whether professional or other. Dull indeed would be the world were it otherwise. W. C."

April 6th, 1861.

Nichols & Co.'s Pharmaceutical Preparations.—We have received from the establishment of James R. Nichols & Co., several remarkably fine medicinal preparations, which we have carefully examined, and found in the main to be quite pure and equal to those produced in any part of the country. Messrs. Nichols & Co. have been at much expense in procuring the most approved apparatus, and their facilities are such at present that they are enabled to manufacture ether, chloroform, the salts of iron, and many other of the more valuable medicinal preparations on an extensive scale. It has been quite a prevalent notion among physicians and druggists that New England must be dependent upon Philadelphia and the European laboratories for the nicer preparations, and we are glad to be able to satisfy ourselves that these can be produced in Boston as well as elsewhere.

To each and every Member of the Medical Profession in Boston and the Parts adjacent.—"*Monsieur, parlez vous, Français?*" "*Pas beaucoup.*" "*Eh bien!* I can speak Inglis ver' leetl'." Such is the introduction and rejoinder, in some instances at least, of a certain very polite Frenchman and his collocutor about this time in our city, the scene being the office of any given physician. The polite Frenchman goes on to inquire if the said physician is in the habit of treating female diseases. Being answered usually in the affirmative, he proceeds in most touching terms to speak of the case of a young, beautiful and interesting French girl, whose mother, a widow, *very rich*—doting on her as her dearest treasure—is about bringing her to Boston to put her under your especial care, having heard of your great professional reputation. In one instance the wealthy widow hailed from Canada. The daughter, the idol of her affection, has raised blood. There is some female irregularity connected with it. The polite Frenchman knows no more, but the lady will consult you in a few days herself. Just as he is leaving you, he makes a few remarks complimentary to Boston. It is his first visit to this renowned city. He finds much to admire in its streets, its public buildings, the Common, &c. He accidentally mentions that he is travelling, as an agent for his brother, to introduce to stationers here a new platinum pen, electro-plated with gold. He happens, singularly enough, to have a box of them in his pocket, which he proceeds to draw out and exhibit. "Would you like to try one?" They look very well. "My dear doctor" (with a lofty air that defies suspicion), "I do not sell these things—but you can have this box for a dollar less than you can buy them at the stationer's; you shall have them at the wholesale price, *as a special favor.*" This is the picture of a scene which occurred here last June, and such a scene, we learn, occurred here this very week. Most obliging and delicate Frenchman!—not to say most astute and ingenious! As he departed in June last, returning the unsold pens to his pocket, a cloud passed over the picture which our ardent imagination had drawn, of the beautiful, interesting and lucrative young French girl! A cloud, alas! foreshadowing the disappointment which the future only too truly verified. She never came! But he, the pen-vender, has come again. Brother physicians, we would spare you the bitterness of unanswered hopes. The pens may be very good. Buy them, if you like, *but you will never write any prescriptions with them for that tender French orphan!*

We most gladly give place to the following communication, showing that we have unintentionally done injustice to Messrs. Blanchard & Lea. It would give us great pleasure to admit the same injustice to any other American publishers of foreign medical works, if they will give us the opportunity.

Authors and Publishers.—*Messrs. Editors,*—I noticed in your issue of March 28th, some remarks relative to the management of American publishers in reproducing foreign works. I confess to having often entertained the same feelings as you express, when you say—"We never open an American reprint of an English medical work, without a feeling that the publishers are guilty of little short of absolute piracy in thus coining money from the unrequited labors of our brethren on the other side of the water. The practice is entirely unworthy of

the encouragement of a noble and liberal profession, such as ours ought to be. The publisher who initiates, in medical literature, the practice which Messrs. Ticknor & Fields, of this city, have so honorably pursued in other departments, would deserve and receive the lasting honor of the whole profession."

That "piracy" of the sort to which you allude, has been extensively carried on, is not to be denied; ample opportunity has been afforded to the profession of observing the fact. But I hope there are, now, numerous exceptions to the unscrupulous practice of appropriating the literary property of authors without remunerating them. I am able to speak confidently for one publishing house, in regard to this matter, and have great pleasure in doing so. I refer to Messrs. Blanchard & Lea, who have long been in the habit of reprinting foreign medical works from sheets furnished by the authors or publishers, and to whom compensation has been duly made. This course is still pursued by this enterprising firm, and is highly to their credit. The fact should certainly be known, in justice to them; and I trust the time may come when the same thing can be said of all medical-book publishers. W. W. M.

The Cysticercus Cellulosus transformed within the Organism of Man into the Tænia Solium.—It will be remembered that M. Küchenmeister, a very patient experimentalist, endeavored to prove this transformation first upon animals and subsequently upon a human being. In the latter case, the cysticercus, concealed in food, was given to a woman lying under sentence of death, 72, 60, 36, 24, and 12 hours before execution, when four young tæniæ were found in the duodenum, and six more in the remainder of the intestinal canal. Experiments were also made, some time back, by a young man under the observation of M. Leuckart, and by M. Humbert, when fragments were discharged two or three months afterwards. But doubts might be raised respecting all these experiments, especially as to the previous existence of any ova within the intestinal canal. M. Küchenmeister, however, had an opportunity, towards the latter end of 1859, as stated by the *Deutsche Clinique*, of renewing the experiment in conjunction with Dr. Siebenhaar. The first ingestion of cysticercus took place Nov. 24th, 1859; and the second on the 18th of January, 1860. The prisoner was decapitated on the 31st of March; and at the autopsy it was found that half the cysticerci that had been swallowed were transformed into flat worms, of which eleven presented mature segments. Some of the latter were still connected; the others were detached, and moved towards the lower part of the canal. There were eight other worms, which had not ripened as yet. All these parasites were comparatively small, the longest not reaching beyond five feet.—*London Lancet.*

A New Anæsthetic.—The following letter to the *London Lancet* of March 2d, from John Wilmshurst, Surgeon of the ship Marathon, contains an account of the remarkable anæsthetic powers of turpentine:—

"Believing that I have discovered a valuable anæsthetic and anodyne in an article of our pharmacopœia already appreciated and extensively used as a stimulant, diuretic, anthelmintic, &c.—viz., the ol. terebinthinæ rect.—I trust you will deem the few observations I shall here make, worthy of insertion in your extensively-circulating periodical.

"The first case in which I tried its effect was that of Mrs. H., the matron on board the emigrant ship Indiana, of which I was then surgeon-superintendent. About twelve months ago, having exhausted my little stock of chloroform, and the patient suffering from violent neuralgia in the course of the supra-orbital nerve, it occurred to me that of the remedies at hand the most likely would be the vapor of turpentine. This I immediately applied, sprinkled on a handkerchief, to the nostrils, similarly to chloroform, and was surprised to find it not merely soothe and allay the pain, but, after a few inhalations, produce a gentle sleep and state of anæsthesia, from which she awoke without any headache or other unpleasant symptoms, and quite free from pain.

"I may mention, without going into detail, that I have since tried it in one or two slight but painful operations—as extracting a broken needle from a sensitive part, and in some cases of cramps, convulsions, nephralgia calculosa, &c. Its effect seems to be to allay nervous irritation, spasm, and pain, without deranging the action of the heart, and to produce a calm, anæsthetic sleep. The remedy being simple, inexpensive, and easy of application, will, I trust, induce some of your numerous readers, more skilled and with better opportunities of testing its value, to experiment in the direction I have indicated, and to publish the result for the benefit of suffering humanity."

Death of Dr. Aran.—Dr. Aran, one of the most promising and talented physicians of the French metropolis, has just died, after a short illness, at the age of 44. The deceased had a great many friends in this country, who will certainly be much grieved on hearing of this sudden calamity. Dr. Aran was the translator of Dr. Henry Bennet's work on the Diseases of the Uterus, and had lately published valuable lectures on the same diseases. By dint of hard work, undoubted merit, and competitive examinations, he had become physician to the St. Antoine Hospital and deputy professor at the Faculty; and had won for himself, by various monographs on Diseases of the Heart, Paralysis, and quite recently by the publication of his Clinical Lectures on the Diseases of Women, the encomiums of the profession, both in his own country and abroad. He was suddenly removed by death just as he was beginning to reap the well-earned reward of his successful labors. He leaves the memory of a very active and honorable life.—*London Lancet*, March 2d.

Memorial on Smallpox.—Eight thousand extra copies of the Report of the Committee on the Judiciary, to whom was referred the memorial of the Boston Sanitary Association, relating to smallpox, have been ordered to be printed for distribution by the Legislature of Massachusetts.

Palmer's Artificial Leg.—We are glad to learn that the patent for this celebrated invention, a recommendation of which has been signed by the Surgeons of the Massachusetts General Hospital, has been recently renewed.

Longview (Ohio) Lunatic Asylum.—The first annual report of this institution represents it as now well established, the injury done to the building in May last by a tornado having been repaired, and 422 patients having been received since its opening. On the 1st of November last, there were 334 inmates. The entire cost of the building, which contains nearly 600 rooms, was $450,000.

Dr. E. J. FOUNTAIN died in Davenport, Scott Co., Iowa, on the 29th of March, in consequence of an overdose of chlorate of potassa, which he took on the 22d of the same month. About two drachms of the salt were found in the urine on the first day. At the *autopsy* there was found inflammation of the alimentary canal, especially the stomach and jejunum; also inflamed, enlarged and obstructed kidneys, containing crystals.

AT the annual commencement of the New Orleans School of Medicine, the degree of M.D. was conferred on seventy-six members of the class attending the last session, which class numbered two hundred and thirty-six.

DR. GENDRON, of Chateau du Loir, France, has just died of croup, after opening the trachea of a young woman suffering from that complaint. It is said that Dr. Gendron had had diphtheria before.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 6th, 1861.

DEATHS.

	Males.	*Females*	*Total*
Deaths during the week,	34	32	66
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	36.8	35.2	72
Average corrected to increased population,	..	..	80
Deaths of persons above 90,	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumonia.	Measles.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	1	3	2	0	0	0	1	2

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	30.261	Highest point of Thermometer,	53°
Highest point of Barometer,	30.620	Lowest point of Thermometer,	2°
Lowest point of Barometer,	29.702	General direction of Wind,	S.W. & N.N.E.
Mean Temperature,	36°.2	Am't of Rain (in inches) melted snow	2.318

April 2d and 3d, heavy fall of snow; depth, 17 to 18 inches.

From Observations taken by Dr. Ignatius Langer, at Davenport, Scott Co., Iowa. Latitude, 41.31 *North. Longitude,* 13.41 *West. Height above the Sea,* 585.

		Barometer.					Thermometer.				Snow & Rain.		Mean Amount of Cloud. 0 to 10.
		7 A.M.	2 P.M.	9 P.M.	Mean Height.	Highest Point.	Lowest Point.	7 AM	2 PM	9 PM	Mean Height.	Time	Measure.	
Monday,	March 25,	29.19	29.15	29.07				47	59	51				
Tuesday,	" 26,	29.06	29.04	29.17				38	57	33				
Wednesday,	" 27,	29.47	29.51	29.55				28	42	38				
Thursday,	" 28,	29.46	29.15	29.18				38	58	53				
Friday,	" 29,	29.16	29.18	29.41				43	43	36				
Saturday,	" 30,	29.67	29.73	29.70				33	46	40				
Sunday,	" 31,	29.65	29.49	29.28				36	45	39				
					29.34	29.73	29.3				42	4 hours, 10 minutes.	1.54	8.5

IT will be noticed, in our advertising sheet, that Dr. Wells's new Epitome of Braithwaite is on sale at this office.

ERRATA.—Page 207, line 4, for "Samuel C. Cabot," read *Samuel Cabot, Jr.*—Page 210, 15th line from bottom, for "eye" read *lye*.

BOOKS AND PAMPHLETS RECEIVED.—Fourteenth Annual Report of the Surgeons of the New York Eye Infirmary.—Transactions of the New York Academy of Medicine. Vol. II., Part 4.

COMMUNICATIONS.—Tracheotomy.—Sickness from eating Baked Peas.

MARRIED.—In Leominster, March 28th, Dr. C. C. Field to Martha Joslyn, both of L.—In New Bedford, April 3d, Dr. Stephen M. Gale, of Newburyport, to Mary H. How, of Haverhill.

DIED,—Dr. John L. Smith, of East Lyme, Conn., aged 77 years.

DEATHS IN BOSTON for the week ending Saturday noon, April 6th, 66. Males, 34—Females, 32.—Accident, 1—apoplexy, 3—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 2—cholera infantum, 1—cholera morbus, 1—consumption, 15—croup, 1—debility, 1—diphtheria, 2—dropsy (of the heart), 1—dropsy of the brain, 3—scarlet fever, 3—typhoid fever, 1—gastritis, 1—hæmoptysis, 1—disease of the heart, 5—infantile diseases, 3—intemperance, 1—congestion of the lungs, 3—disease of the lungs, 1—inflammation of the lungs, 2—old age, 1—paralysis, 1—puerperal disease, 1—sore throat, 2—scrofula, 1—syphilis, 1—unknown, 4.

Under 5 years of age, 26—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 49—Ireland, 17.